

# DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BRIAN SCHWEITZER  
GOVERNOR

Joan Miles.  
DIRECTOR

## STATE OF MONTANA

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)  
(406) 444-2676 FAX (406) 444-1742

PO Box 4210  
HELENA, MT 59604-4210

Dear Prospective Adult Day Care Facility Provider:

This letter is in response to a request for information regarding the procedure to license an Adult Day Care Facility. The following references are enclosed:

- 1) A current license application form with explanation of fees;
- 2) *Adult Day Care Attachment 1*, Licensing requirements for Adult Day Care Centers, Montana Code Annotated (MCA);
- 3) *Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act* 52-3-801 through 50-5-825, Montana Code Annotated (MCA);
- 4) *Minimum standards for all Health Care Facilities*, Administrative Rules of Montana (ARM) 37.106.301 through 37.106.331;
- 5) *Minimum standards for Adult Day Care*, ARM 37.106.2601 through 37.106. 2621;

Please submit the following for licensure of the facility:

- ☐ A completed License Application indicating the number of clients to be served;
- ☐ If the facility requires construction include a Certificate of Occupancy or documentation of local building codes approval, including a recent fire inspection.
- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability dated within the past year. Please contact your local County Health Department for assistance;
- ☐ If the facility is not on a city sewer system please submit a copy of the local county health department septic system inspection;
- ☐ Please submit a floor plan of the entire facility, documenting the size of all rooms and spaces utilized by the residents. Built in obstructions (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, not from the closet back wall, to the opposite wall;
- ☐ Policies and procedures must be submitted at least forty-five (45) days prior to expected opening date for review and approval.

Upon submission and approval of **ALL** aforementioned information and documentation for an Adult Day Care Facility, this Bureau will issue a six (6) month to 364 day provisional license.

You may not accept clients in the facility until you receive this license. A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the adult day care facility regulations. This visit is also an opportunity for you and the adult day care facility staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

You will find the *Food Service Establishment Requirements*, ARM 37.110.201 through 37.110.259 on the Internet at:

<http://www.dphhs.mt.gov/legalresources/administrativerules/index.shtml>

If you have further questions or need assistance during the licensure process, you may contact Harry Dziak, MSW 444-0572, Thad Person, RN 329-1318, Jan Kiely, Program Manager 444-1575, or the Licensure Bureau 444-2676.

Sincerely,

Becky Fleming-Siebenaler  
Licensure Bureau Chief  
Quality Assurance Division

Enclosures: 5